AF

Application No. Filing Data Examiner					Docket No. 29475/39204
Application No.		Filing [Examiner	Art Unit
10/720,862-Co	nf. #5172	November	24, 2003	N. Ogden	1751
olicant(s): Timo			CONTAININ	G AN AROMATIC AC	CID AND A HYDRIC
ention: SOLVE	NT				, , , , , , , , , , , , , , , , , , ,
		THE COMMI			
ansmitted here					
ne fee has been	ı calculated and		U 1 2 -		
	Claime		S AS AMENI	DED	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	23	- 24 =		X	
Independent Claims	1	- 3 =		х	
Multiple Depend	daims (ch	annlicabl			
Other fee (pleas	e specify): T	erminal Disclair	ner fee		130.00
TOTAL ADDIT	IONAL FEE FO				130.00
TOTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:	Small Entity	
TOTAL ADDITION X Large Entity X No additional	IONAL FEE FO	OR THIS AME	NDMENT:	Small Entity	
TOTAL ADDITION X Large Entity X No additional Please charge	IONAL FEE FO	OR THIS AME	NDMENT: ndment ir	Small Entity In the amount of \$	130.00
x Large Entity x No additiona Please charg A duplicate of	IONAL FEE FO	od for this amer	NDMENT: ndment. ir		130.00
TOTAL ADDITION X Large Entity X No additional Please charge A duplicate of the control of the	IONAL FEE FO al fee is require ge Deposit Acc copy of this she	od for this amer count No. eet is enclosed	ndment. ir i. to cover	n the amount of \$	130.00
x Large Entity x No additiona Please charge A duplicate of x A check in the Payment by x The Director	IONAL FEE FO	od for this amer	ndment. indicate to cover is attached. ge and credit	the Terminal Disclair Deposit Account No.	130.00
x Large Entity x No additiona Please charge A duplicate of x A check in the Payment by x The Director as described	IONAL FEE FO	od for this amer	ndment. indicate to cover is attached. ge and credit	the Terminal Disclair Deposit Account No.	130.00
x Large Entity x No additiona Please charge A duplicate of x A check in the Payment by x The Director as described x Credit at	IONAL FEE FO al fee is require ge Deposit Acc copy of this she he amount of \$ credit card. For r is hereby auth d below. A dup ny overpaymen	od for this amer	ndment. indiment. indiment	the Terminal Disclair Deposit Account No.	130.00 mer fee is enclosed.
X Large Entity X No additional Please charge A duplicate of X A check in the Payment by X The Director as described X Credit an X Charge a	IONAL FEE FO al fee is require ge Deposit Acc copy of this she he amount of \$ credit card. For its hereby auth d below. A dup ny overpayment any additional fili	od for this amer	ndment. indiment. indiment	the amount of \$ the Terminal Disclair Deposit Account No. enclosed. fees required under 37	130.00 mer fee is enclosed. 13-2855
X Large Entity X No additional Please charge A duplicate of X A check in the Payment by X The Director as described X Credit at X Charge at James J. Napol Attorney/Agent	IONAL FEE FO	od for this americount No. eet is enclosed 130.00 orm PTO-2038 norized to charalicate copy of the copy	ndment. indiment. indiment	the amount of \$ the Terminal Disclair Deposit Account No. enclosed. fees required under 37	130.00 mer fee is enclosed. 13-2855 CFR 1.16 and 1.17.
X Large Entity X No additional Please charge A duplicate of X A check in the Payment by X The Director as described X Credit at X Charge at James J. Napol Attorney/Agent MARSHALL, G	IONAL FEE FOR The Information of	od for this americount No. eet is enclosed 130.00 orm PTO-2038 norized to charalicate copy of the copy	ndment. indiment. indiment	the amount of \$ the Terminal Disclair Deposit Account No. enclosed. fees required under 37	130.00 mer fee is enclosed. 13-2855 CFR 1.16 and 1.17.
X Large Entity X No additional Please charge A duplicate of X A check in the Payment by X The Director as described X Credit and X Charge and X C	IONAL FEE FOR all fee is required ge Deposit Accomposit	od for this americount No. eet is enclosed 130.00 orm PTO-2038 norized to charalicate copy of the copy	ndment. indiment. indiment	the amount of \$ the Terminal Disclair Deposit Account No. enclosed. fees required under 37	130.00 mer fee is enclosed. 13-2855 CFR 1.16 and 1.17.
X Large Entity X No additional Please charge A duplicate of X A check in the Payment by X The Director as described X Credit an X Charge and James J. Napol Attorney/Agent MARSHALL, G 233 S. Wacker	IONAL FEE FOR all fee is required ge Deposit Accomposit Accomposit Accomposit Accomposit Accomposit Accomposit Accomposit Card. For is hereby authorized below. A dupling overpayment any additional filling Reg. No.: 32,300 ERSTEIN & BODrive, Suite 63	od for this americount No. eet is enclosed 130.00 orm PTO-2038 norized to charalicate copy of the copy	ndment. indiment. indiment	the amount of \$ the Terminal Disclair Deposit Account No. enclosed. fees required under 37	130.00 mer fee is enclosed. 13-2855 CFR 1.16 and 1.17.